STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004028	A. BUILDING: _____ B. WING _____	R 06/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORK PLACE	725 W 50TH ST MARION, IN 46953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Annual State Residential Licensure Survey completed on April 22, 2016. Survey date: 6/30/16 Facility number: 004028 Provider number: 004028 AIM number: n/a Residential Census: 40 Sample: 2 York Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Annual State Residential Licensure Survey. QR completed by 11474 on June 30, 2016.	{R 000}		